

## **CAP MR/DD Service Definition**

**Title:** Community Transition Supports (New)

### **Service Definition:**

Community Transitions Supports are supports that are one-time, set-up expenses for individuals who are transitioning from an institution, Developmental Center, community ICF-MR Group Home, or a nursing facility or another licensed living arrangement (group home, foster home, or alternative family living arrangement) to a community setting or another living arrangement where the person is directly responsible for his or her own living expenses. Allowable supports include:

- Security deposits that are required to obtain a lease on an apartment or home;
- Essential furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, bed/bath linens;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; and
- Service necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy.

Community Transition expenses are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. Community Transition Supports do not include monthly rental or mortgage expense; regular utility charges; and/or household appliances or diversional/recreational items such as televisions, VCRs and DVDs. These services may be provided only once and may not be accessed for subsequent moves within the community. These services are available only during the three-month period that commences one month in advance of the person's move to an integrated living arrangement.

### **Service Limitation:**

The cost of Community Transition Supports may not exceed \$5000.

### **Documentation:**

Community Transition Supports will be documented by a service note. Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service